

TOM SCHEDLER
SECRETARY OF STATE

STATE OF LOUISIANA
SECRETARY OF STATE



Commercial Division
(225) 925-4704

Fax Numbers
(225) 932-5317 Administrative Services
(225) 932-5314 Corporations
(225) 932-5318 UCC

**TRANSMITTAL INFORMATION
For All Business Filings**

Please indicate below the level of service requested, payment and contact information

☐

Routine

☐

Expedite \$30
24 hour processing

☐

Check or Money Order Enclosed

☐

Credit Card Number: _____

Expiration Date: _____

Business Name (List **exactly** as it appears in documents)

Name of person filing document (evidence of filing will be mailed to this person, at address below)

Address

City

State

Zip Code

Daytime phone number

Fax number

Email address

NOTE: Louisiana Law requires all Louisiana notaries to print or type their name and notary or bar roll number on the document.

Mailing Address: P. O. Box 94125, Baton Rouge, LA * 70804-9125
Office Location: 8585 Archives Ave., Baton Rouge, LA * 70809
Web Site Address: www.sos.la.gov

Tom Schedler
Secretary of State



APPLICATION FOR A STATE CABLE & VIDEO FRANCHISE
(R.S. 45:1361)

Enclose \$60 filing fee
Make remittance payable to
Secretary of State
Do Not Send Cash

Return to: Commercial Division
P.O. Box 94125
Baton Rouge, LA 70804-9125
Phone (225) 925-4704
Web Site: www.sos.la.gov

CHECK ONE: ☐ Original Filing ☐ Renewal ☐ Amendment

Company/Applicant Name

organized under the laws of the state of _____, county/parish of _____
hereby agrees to maintain insurance in an amount not less than one million dollars either through a policy of
public liability insurance or through self-insurance. The applicant agrees to comply with all applicable federal
and state laws and regulations.

Street address of principal place of business: _____

Names of the principal executive officers: _____

List of municipalities and/or parishes to be served:
(An addendum may be attached for additional municipalities/parishes.)

_____	_____	_____
_____	_____	_____
_____	_____	_____

To be signed by an officer or general partner

Title and Date

On this ____ day of _____, 20____, before me, personally appeared _____,
to me known to be the person described in and who executed the foregoing instrument, and acknowledged that
he/she executed it as his/her free act and deed.

Notary Signature